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7590 03/26/2002

EZRA SUTTON, P.A.  
Plaza 9, 900 Route 9  
Woodbridge, NJ 07095



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Judith M. Traina	(Depositor's name)
<i>Judith M. Traina</i>	(Signature)
May 28, 2002	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/626,976	04/05/2001	Edward L. Tobinick	TOBINICK 3.0-013	7603

### TITLE OF INVENTION: CYTOKINE ANTAGONISTS FOR THE TREATMENT OF LOCALIZED DISORDERS

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
38	nonprovisional	YES	\$640	\$300	\$940	06/26/2002
EXAMINER		ART UNIT	CLASS-SUBCLASS			
CHANNAVAJALA, LAKSHMI SARADA		1615	424-422000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**EZRA SUTTON**

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

### 3. ASSIGNEE NAME AND RESIDENCE/DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

#### (A) NAME OF ASSIGNEE

#### (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent)       individual     corporation or other private group entity     government

4a. The following fee(s) are enclosed:

Issue Fee

Publication Fee

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10

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Payment by credit card. Form PTO-2038 is attached.

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

**EZRA SUTTON**

(Date)

*5-28-02*

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06/11/2002 RHEBROMI 00000153 09626976

01 FC:242	640.00	OP
02 FC:195	300.00	OP
03 FC:561	30.00	OP

TRANSMIT THIS FORM WITH FEE(S)